

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7158</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Meryl</u> <u>P</u> <u>Bauer</u> P.O. Box, Bldg., Room No., if any _____ Street <u>102 E. Boone Ave #104</u> City <u>Spokane</u> State <u>WA</u> ZIP Code + 4 <u>99202</u>	4. Name, file number, and address of labor organization. Name <u>United Union of Roofers, Wtrproofers #189</u> Labor Organization File Number <u>049819</u> P.O. Box, Building and Room Number, if any _____ Street <u>102 E. Boone Ave #104</u> City <u>Spokane</u> State <u>WA</u> ZIP Code + 4 <u>99202</u>
5. Position in labor organization. <u>Fin Sec-Treas</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Meryl P Bauer</u>	On <u>8-10-05</u> <u>509-327-2322</u> Date Telephone Number

Name of Person Filing <u>Meryl P. Bauer</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Meryl Pat Bauer</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>5208 W. Bedford Ave</u></p> <p>City <u>Spokane</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>99208</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>N.W. Roofers & Employers Trust Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 34203</u></p> <p>Street <u>2815 Second Ave #300</u></p> <p>City <u>Seattle</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>98124</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Reimbursed Trust meeting expenses</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$631.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursed Trust meeting expenses</u></p> <p>12.b. Amount. <u>\$631.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

NORTHWEST ROOFERS AND EMPLOYERS
HEALTH AND SECURITY TRUST FUND

33737

10/22/04 MEETING EXPENSE

096 000

339.71

339.71

NORTHWEST ROOFERS AND EMPLOYERS
HEALTH AND SECURITY TRUST FUND
P.O. BOX 34203
SEATTLE, WA 98124-1203

Bank of America

CENTRAL BRANCH, 800 OLIVE WAY
SEATTLE, WASHINGTON 98101
CASC

18-2/1250

33737

PAY

THREE HUNDRED THIRTY NINE AND 71/100 DOLLARS

TO THE
ORDER
OF

PAT BAUER
ROOFERS LOCAL UNION #189
102 E BOONE
SPOKANE WA 99202

DATE

NOVEMBER 01, 2004

AMOUNT

339.71

NOT NEGOTIABLE

TRUSTEE EXPENSE VOUCHER

N.W. Roofers

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT Seattle ON WA
(Location) (Date(s))☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT _____
(Location)ON _____ SPONSORED BY _____
(Date(s)) (Meeting Sponsor)☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 10-21 DATE OF RETURN 10-22☒ PRIVATE AUTOMOBILE 37.5 MILES AT 6.00 PER MILE \$ 225.00
222.00☐ AIRFARE ☐ TRAIN ☐ BUS -- (ATTACH COPY OF TICKET) \$ _____☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ _____

HOTEL OR MOTEL:

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 81.01 ✓
649
996

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

☒ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 33.70 ✓

TOTAL EXPENSES \$ _____

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 335.71
100

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ _____

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED . . . \$ _____

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT . . . \$ 335.71
100 339.71

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

Pat CareyDATED THIS 25 DAY OF 10, 04

(Signature of Trustee)

(Address and City)

Note: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item, has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund). Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS _____

DATE: 10-21DATE: 10-22

DATE: _____

BREAKFAST & TIP \$ _____

BREAKFAST & TIP \$ 3.20

BREAKFAST & TIP \$ _____

LUNCH & TIP \$ _____

LUNCH & TIP \$ _____

LUNCH & TIP \$ _____

DINNER & TIP \$ 18.50

DINNER & TIP \$ _____

DINNER & TIP \$ _____

BEVERAGES & TIP \$ _____

BEVERAGES & TIP \$ _____

BEVERAGES & TIP \$ _____

PORTERS - BELLMEN \$ _____

PORTERS - BELLMEN \$ _____

PORTERS - BELLMEN \$ _____

LIMOS-TAXIS-BUSES \$ _____

LIMOS-TAXIS-BUSES \$ _____

LIMOS-TAXIS-BUSES \$ _____

Motel Tip \$ 2.00
(Other)Parking \$ 10.00
(Other)_____
(Other) \$ _____TOTAL THIS DATE \$ 20.50TOTAL THIS DATE \$ 13.20

TOTAL THIS DATE \$ _____

DATE: _____

DATE: _____

BREAKFAST & TIP \$ _____

BREAKFAST & TIP \$ _____

LUNCH & TIP \$ _____

LUNCH & TIP \$ _____

DINNER & TIP \$ _____

DINNER & TIP \$ _____

BEVERAGES & TIP \$ _____

BEVERAGES & TIP \$ _____

PORTERS - BELLMEN \$ _____

PORTERS - BELLMEN \$ _____

LIMOS-TAXIS-BUSES \$ _____

LIMOS-TAXIS-BUSES \$ _____

(Other) \$ __________
(Other) \$ _____

TOTAL THIS DATE \$ _____

TOTAL THIS DATE \$ _____

IF MORE THAN
FIVE DAYS, ATTACH
AN ADDITIONAL
VOUCHER SHEETTOTAL OF ALL DAILY EXPENSES \$ 33.70
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

NORTHWEST ROOFERS AND EMPLOYERS
HEALTH AND SECURITY TRUST FUND

27443

3/12/04 MEETING EXP

996 000

291.45

291.45

NORTHWEST ROOFERS AND EMPLOYERS
HEALTH AND SECURITY TRUST FUND

Bank of America

Central Branch, 800 Olive Way
Seattle, Washington 98101
CASC



27443

P.O. BOX 94203

SEATTLE, WA 98124-1203

18-2/1250

TWO HUNDRED NINETY ONE AND 45/100 DOLLARS

DATE

MARCH 23, 2004

AMOUNT

291.45

TO THE PAT BAUER
ORDER OF ROOFERS LOCAL UNION #189
102 E BOONE
SPOKANE WA 99202

NOT NEGOTIABLE

TRUSTEE EXPENSE VOUCHER

NW Roofers H & S Trust

(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING ATSon Valley

(Location)

ON 3-12-04

(Date(s))

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT

(Location)

ON

(Session Date(s))

SPONSORED BY

(Meeting Sponsor)

☐ OTHER:

(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE

3-11

DATE OF RETURN

3-12☐ PRIVATE AUTOMOBILE

MILES AT

\$ PER MILE

\$ 247.70☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET)☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL)

HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL)

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)

DAILY EXPENSES

☒ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER)

TOTAL EXPENSES

\$ 43.75

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED

\$ 291.45

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY)

\$

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED.

\$

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT.

\$

291.45

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS

19

DAY OF

32004

(Signature of Trustee)

(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

OK # 21447 3/23/04

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE)

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS

DATE: <u>3-11-04</u>	DATE: <u>3-12-04</u>	DATE: _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ <u>8.70</u>	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ <u>5.85</u>	LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ <u>7.70</u>	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ <u>5.00</u>	LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____
<u>Tip</u> \$ <u>3.00</u>	<u>Airport Parking</u> \$ <u>13.50</u>	(Other) \$ _____
(Other) \$ _____	(Other) \$ _____	(Other) \$ _____
TOTAL THIS DATE \$ <u>18.85</u>	TOTAL THIS DATE \$ <u>29.90</u>	TOTAL THIS DATE \$ _____

DATE: _____	DATE: _____	IF MORE THAN FIVE DAYS,
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	ATTACH AN ADDITIONAL
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	VOUCHER SHEET
DINNER & TIP \$ _____	DINNER & TIP \$ _____	
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	
LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____	
(Other) \$ _____	(Other) \$ _____	
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____	

TOTAL OF ALL DAILY EXPENSES \$ 43.75

(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will, however, provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used *only* for the benefit programs and for *reasonable expenses* in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.

form 7502
174/297